St. Clair County Community Mental Health Authority

Promoting Opportunities for Discovery and Recovery

January 26, 2012

Madam Chairman and Members of the Committee,

My name is Mike McCartan. I appreciate the opportunity to speak to you as you deliberate House Bills 4862 and 4863. For the past 25 years I have been the CMH Director in St Clair County, which in 1999 became the PIHP for St Clair, Sanilac and Lapeer counties. In 2007, St Clair CMH assumed the responsibilities of the Coordinating Agency. The decision to integrate mental health and substance abuse services in our region was driven by some guiding principles that all parties agreed upon at the outset. The guiding principles related to both the service level and the administrative level.

At the service level we agreed that system integration would:

- Make access for people easier (i.e. No wrong door),
- People would no longer "fall through the cracks" of two separate and distinct care systems,
- Improve the continuum of care for persons with co-occurring disorders, and
- Improve the skill sets of providers by providing cross training to all staff.

At the administrative level we hoped system integration would:

- Create efficiency by reducing redundancy at the CA and PIHP level, and
- Reduce the administrative burden to providers by having a single payer.

Integration at the service level has served to create the improvements we had hoped for. In the Thumb region we have a single access system for individuals who need mental health and substance use disorder treatment, or both. We have cross trained our staff to be able to successfully screen, refer and treat those with co-occurring disorders or those with singular mental health or substance disorder. We have retained the existing service network of providers who have developed expertise over the years. We have retained a single point of contact for our community partners such as law enforcement, schools or the human service system when there is a behavioral health care need. We have included on our governing board a representative of the substance abuse recovery community to assure that the voice of people recovering from substance use disorders is heard at the highest governance level.

We have been less successful in accomplishing our administrative goals. We continue to have two separate contracts with the State. We have two sets of data to collect, two

different reporting deadline dates, two separate State audits, two separate recipient rights systems, two different governance mechanisms, separate credentialing rules, cultural competency requirements and a host of others. For all practical purposes, we are running a side-by-side system within our own administration. There is a forced dis-integration of administrative functions and until we have administrative integration at the State level, it will be impossible to maximize savings at a local level.

In summary, a requirement for integration targeted at the local level alone will not create the administrative efficiencies desired. Any move to integration, will need to respect the strengths and protections of both systems. It will need to respect variances in locally developed systems of care. Most of all it will need to keep the principles of effective treatment with a focus on positive recovery outcomes as the template against which everything is measured. We can surgically carve the System into any configuration but if the patient dies we will have lost everything.

Thank you for your attention. I would be happy to answer any questions you may have.

Sincerely,

Michael McCartan
Executive Director

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